## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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N/A Filed via EFS -WEB (Depositor's name) (Sign (Date)

DATE DATE

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/611.757 6/30/2003 Robert W Turner BO1 - 0268US 5016 TITLE OF INVENTION:

System and Method for Generating Pan Sharpened Multispectral Imagery

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EXAMINER		ART UNIT	CLASS-SUBCLASS				
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I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.58).  Change of correspondence address (or Change of Correspondence Address from TrOS/91/22) attached.  Life Address indication (or "Tee Address" Indication form PTO/S8H/7, Rev U3-D2 or more recent) attached. Use of a Castomer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered nationey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	1 Lee & Hayes, PLLC 23	
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty)	oe)			

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

The Boeing Company

Chicago IL

PURE TO A PRODUCT PROPERTY DATE OF THE PROPERTY PROPERTY

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🕡 Corporation or other private group entity 🖵 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Payment by credit card. Form-PTO-2038-is-attached: [Payment via EFS Web] Publication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_\_(enclose an extra copy of this form). Advance Order - # of Copies\_

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Date 10/22/2007 Authorized Signature Typed or printed name Rustan J. Hill Registration No. 37351

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